

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VoteVets		FEC IDENTIFICATION NUMBER ▼ C C00418897	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020	
Mailing Address 3050 K St NW		Amount 2551906.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : 500063823
Purpose of Expenditure TV Advertising Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 06 / 2020	
Name of Federal Candidate CUNNINGHAM, CAL, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 2577690.18		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 08 / 2020	
Mailing Address 3050 K St NW		Amount 2682856.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : 500063824
Purpose of Expenditure TV Advertising Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 06 / 2020	
Name of Federal Candidate HEGAR, MARY JENNINGS, MJ, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 3297842.42		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5234762.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hegdahl, Rick, , ,

[Electronically Filed]

Date

MM / DD / YYYY
02 / 07 / 2020

Signature

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Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 07 / 2020	
Mailing Address 3050 K St NW		Amount 25784.18	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : 500063841 Date of Disbursement or Obligation MM / DD / YYYY 02 / 07 / 2020
Purpose of Expenditure TV Advertising Production		Category/ Type 004	
Name of Federal Candidate CUNNINGHAM, CAL, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	25784.18
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	5260546.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Hegdahl, Rick, ,**[Electronically Filed]*

Date

MM / DD / YYYY
02 / 07 / 2020

Signature